R-1369A (3/00)

State of Louisiana Department of Revenue



Application for Certificate of Authorization Exclusion for Purchases of Bibles, Song Books, and Religious Instruction Literature

rait i – ideii	inication of Applicant	
Please mark the box for the type of organization:	Independent Church	Association of Churches (Attach a list with names and locations of affiliated churches.)
1 Full name of organization		
2a Mailing address (number, street, and room or suite	number)	
2b City or town, state, and ZIP		
3a Location address		
3b City or town, state, and ZIP		
4a Name of person to contact if additional information	is needed 4b Da	aytime telephone number
5a Has the organization obtained exempt status from	the United States Internal F	Revenue Service under Section
501(c)(3) of the United States Internal Revenue Co		
5b If "Yes," attach a copy of the IRS' determination lett	er.	
5c If "No," complete Part II.		
6 Federal Employer Identification Number (FEIN) (If	none, complete Part II.)	
7 Louisiana General Sales/Use Tax Registration Nur	nber (if any)	
Under the penalties of perjury, I declare that I am authorize that I have examined this application, and to the best of		
Signature		Name of signer
Date		e or authority of signer

Part 2 – Activities and Operational Information

Complete this part "only" if you responded "No" to 5a and 6, Part I.

1	Provide a brief history of the development of the organization, including the reasons for its formation.
2	Does the organization have a written creed or statement of faith? Yes No If "Yes," attach a copy.
3	Does the organization have a formal code of doctrine and discipline for its members?
4	Describe the form of worship and attach a schedule of worship services.
5	Are the services open to the public?
6	Explain how the organization attracts new members.
7a	How many active members are currently enrolled in the church?
7b	What is the average attendance at the worship services?
8	In addition to worship services, what other religious services, such as baptisms, weddings, and funerals does the organization conduct?

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9	Does the organization have a school for the religious instruction of the young? Yes No
10	Describe the organization's religious hierarchy or ecclesiastical government.
11	Does the organization have an established place of worship? □ Yes □ No
	If "Yes," provide the name and address of the owner or lessor of the property and the address and a description of the facility.
	If the organization has no regular place of worship, state where the services are held and how the site is selected.
12	Will any funds or property of the organization be used by any officer, director, employee, minister/pastor for his or her personal needs or convenience? Yes No If "Yes," describe the nature and circumstances of such use.

Please return the completed application to the following address:

Department of Revenue Sales Tax Division P.O. Box 3863 Baton Rouge, LA 70821-3863

Telephone: (225) 925-7356